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## ERIAL NO. MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICART(I) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED AS FILED IH AMENDMENT IN AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>ک</u> J 46. TOTAL IND. Ψ TOTAL TOTAL TOTAL TOTAL TLAIMS

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